

# Rawhiti Estate Limited Partnership - Rawhiti Estate

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Rawhiti Estate Limited Partnership
<b>Premises audited:</b>	Rawhiti Estate
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 15 September 2022    End date: 16 September 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	62

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Rawhiti Estate provides rest home, hospital, and dementia level care for up to 122 residents. There were 62 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, residents, management, staff, and the nurse practitioner.

The general manager is appropriately qualified and experienced and is supported by a clinical manager. There are quality systems and processes being implemented. Feedback from residents and families were positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified that the service is meeting the intent of the standard.

The service was awarded a continuous improvement rating for the communication platforms utilised to enhance resident wellbeing.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Rawhiti Estate provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pasifika health plan in place. There were Māori residents at the time of the audit. Cultural assessments inform the cultural care plan.

Residents receive services in a manner that considers their dignity, privacy, and independence. The staff were observed communicating with residents about their choices.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints are managed appropriately.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business plan includes a mission statement with clear objectives. The service has established quality and risk management systems that take a risk-based approach. The internal audit process implemented monitors all aspects of service delivery. Staff meetings are scheduled monthly. Quality data is collated, analysed, and reported on. Corrective actions are implemented where opportunities are identified. Health and safety and hazard management systems are implemented.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are skilled and knowledgeable to provide cares for rest home, hospital, and dementia level of care residents.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the nurse practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care support staff are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

The wellbeing and lifestyle coordinators provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available 24/7. The service has a current food control plan.

## Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single occupancy and have full ensuites. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate. The facility is secure after hours.

## Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There has been Covid-19 exposure events, but no other outbreaks reported. These were appropriately reported and effectively managed.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is the clinical manager. There are no restraints currently in use at Rawhiti Estate. Minimising restraint is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	166	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0



# Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of 'not applicable' which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

No data to display		
Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori health plan and ethnicity awareness plan include guidelines for the provision of care in line with cultural safety and the Treaty of Waitangi expectations. The Māori health plan references cultural awareness and cultural responsiveness to Māori perspective of health. A list of local Māori health care providers is available to staff and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment and care planning; evidenced during interviews with five family (three hospital and two dementia).</p> <p>During the audit, there were residents who identified as Māori living in the facility. The facility used Meihana Model - Improving Māori Health through Clinical Assessment resources to create a Māori care plan.</p> <p>The service maintains liaison with their local Te Whatu Ora Māori health unit and Ngati Whatua at Orakei Marae and have a list of</p>

		<p>kaupapa Māori and kaupapa health providers who can assist with cultural advice, rongoā, mirimiri or other tikanga practices.</p> <p>The general manager confirmed that the service supports a Māori workforce. There were staff identifying as Māori at the time of the audit. The service supports increasing Māori capacity by employing more Māori staff members through a fair and equitable employment process. Staff confirmed they are supported in a culturally safe way and that their mana and culture is respected. Ethnicity data is gathered when staff are employed, and this data is analysed at a senior management level.</p> <p>The general manager, clinical manager and 18 care staff interviewed (five registered nurses, eight caregivers [called care support], one wellness and lifestyle manager [DT]) and four activities coordinators (called life support) were able to describe how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>On admission all residents state their ethnicity. There were no residents that identified as Pasifika. For all residents, individual cultural beliefs are documented in their care plan and activities plan. The organisation's Māori and Pacific Health Plan and Ethnicity Awareness Policy includes information on Pacific Health and refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025.</p> <p>The policy lists contact details for local Pasifika groups available for guidance and consultation. The policy also states Pacific models of care will be utilised within the plan of care when indicated.</p> <p>The general manager encourages and supports any staff that identify as Pasifika through their employment process and training opportunities. A number of staff employed identify as Pasifika, and all other staff have attended training and education in delivering culturally safe care by understanding cultural, and spiritual beliefs of the Pacific peoples. Interviews with 21 staff (18 care staff, executive chef, kitchen assistant/ housekeeper, one village administrator (also health and safety chair), three residents (rest home), families and documentation</p>

		reviewed identified that the organisation's philosophy of 'equality, respect and dignity for all' is reflected in all areas of service delivery.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The general manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the monthly resident/family meetings. The families interviewed reported that the service is upholding the residents' rights. They confirmed that the residents are treated with respect and that their independence and choices are supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents/families. There are links to interpreter services and independent support.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services and the complaints process. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori autonomy, and support values and beliefs as documented in resident care plans.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	FA	<p>The care support staff interviewed described how they support residents to choose their own routine. Families, residents, and care staff interviewed stated the residents are given choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support with examples provided.</p> <p>The services annual training plan reflects training that is responsive to the diverse needs of people across the service. It was observed that</p>

experiences.		<p>residents are treated with dignity and respect. All residents have their own room, each with their own ensuite.</p> <p>Satisfaction surveys completed each year confirmed that residents and families are treated with respect. This was also confirmed during interviews with families.</p> <p>An intimacy and sexuality policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Families interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is implemented.</p> <p>Policies and procedures support tikanga Māori and encourage the use of te reo. Education records and staff interviews verified that Te Tiriti o Waitangi training is provided, and staff described how they implemented this knowledge when engaging in discussions with residents or providing cares to residents.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Guidelines for professional boundaries, the employment handbook, house rules and code of conduct describe procedures to protect people from abuse, discrimination, and neglect. Staff are provided orientation and ongoing training on these policies and procedures. Inclusiveness of all ethnicities, and cultural days are held to celebrate diversity. House rules and a staff code of conduct are discussed during the new employee's induction to the service. This code of conduct addresses harassment, racism, and bullying. The house rules reflect appropriate measures to ensure resident's finance and property is respected at all times. There are processes in place to manage resident's petty cash.</p>

		<p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. Staff interviewed were able to describe racism and stated they felt safe to raise any concerns regarding racism with management if required. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. The families interviewed confirmed that the care provided to their family member is excellent.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with care support staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>The Māori health plan identifies Māori health models – the Māori philosophy towards health that is based on a wellness or holistic health model. The service recognises Te Whare Tapa Whā to ensure wellbeing outcomes for their Māori residents. Staff are provided educational opportunities to explore racial bias and the anatomy of institutional racism.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information is provided to residents/relatives on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Residents and families interviewed describe effective communication through various means. The service utilises communication platforms to ensure information is accessible to family and residents. The monthly publication of the Rawhiti Estate magazine shares stories, history, and updates from the executive team. The use of technology to communicate has proved to enhance the wellbeing of residents. The service was awarded a continuous improvement rating for useful formats of communication.</p> <p>Effective communication pathways were maintained for the reporting and management of Covid-19. The service communicates with other agencies that are involved with the resident such as the local Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland health</p>

		<p>specialist services, and hospice.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Twelve accident/incident forms reviewed consistently indicated next of kin have been informed of an accident/incident. This was also confirmed during interviews with families.</p> <p>An interpreter policy and contact details of interpreters is available and are used where indicated. At the time of the audit, there was one resident who did not speak English. Staff explained support is provided through family interpreters and the use of electronic translation platforms and flash cards.</p> <p>All residents were on occupation right agreements. The residents and families are informed prior to entry of the scope of services through the attached disclosure statement.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Eight resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity signed by the GP were</p>

		also on file for residents in the dementia unit.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>All incoming residents and whānau are provided with easy-to-understand information about how to raise concerns/complaints and compliments, what to expect through the process and their right to support and advocacy. The general manager maintains records of complaints, actions taken, and resolution.</p> <p>Two complaints had been received since the previous audit (June 2021). The complaint was acknowledged, investigated, and managed in line with Right 10 of the Code. The records showed the complaints had been resolved to the satisfaction of the complainants. There have been no external complaints received since the previous audit.</p> <p>The general manager stated that they address concerns as they arise. Staff are informed of any complaints received through staff meetings and meeting minutes.</p> <p>Discussions with families confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held. Information is available and accessible in te reo Māori and the general manager has an open-door policy to ensure concerns are addressed in person with whānau involvement.</p> <p>Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational</p>	FA	<p>Rawhiti Estate provides rest home, hospital (including medical) and dementia level care. There are a total of 122 beds in the facility including 48 dual purpose beds (hospital or rest home level of care) in the care centre which is located across two levels. There are 20 dedicated dementia level beds on level two. There are also 54 beds across 27 independent living units that are certified as rest home level care.</p> <p>Occupancy on the days of audit was 62 residents. This included 14</p>

<p>operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>residents in the memory loss unit (dementia care), 19 requiring rest home level of care and 29 requiring hospital level of care. All residents were under the age-related care (ARRC) contract. There were no residents requiring rest home level care in the certified independent living units.</p> <p>The care centre is divided into four neighbourhoods. Care suites are chosen for purchase in any of the dual-purpose neighbourhoods for rest home/hospital level of care and in the memory loss unit for dementia level of care. The resident retains all the rights to the occupation of the care suite under the occupation rights agreement. BeGroup Investment Limited Partnership has three directors and is the governing body that provides operational support. The managing director interviewed stated the group has a long history of owning and operating aged care facilities and governs another five villages. Each facility operates in silo as its own entity. The general manager is supported by a clinical manager, village administrator and wellness and lifestyle manager and assumes accountability for delivering a high-quality service to the residents in the care home and independent living apartments. The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation.</p> <p>The group philosophy, business plan for 2022-2024 and policies and procedures demonstrate various ways that meaningful inclusion of Māori and honouring Te Tiriti occurs in all aspects of service delivery. The organisation's mission, vision and values are documented. Business objectives include the development of a clinical governance framework across villages and evidence of improvement of resident outcomes within the nurse practitioner support framework. Quality objectives documented include reduction of falls and the reduction in the use of antipsychotic medication. Service monitoring and review of organisational performance occurs at planned intervals.</p> <p>The leadership team demonstrates a commitment to quality and risk management, ensuring there are no barriers for tāngata whaikaha and that service delivery is fair and equitable for Māori. A sample of the general manager quarterly reports to the executive team and meeting minutes from the monthly management team minutes, provide</p>
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		<p>extensive information to monitor performance. All information including clinical indicators, complaints, health and safety matters, staff information and financial indicators are reported and discussed. The clinical manager provides a range of reports that are presented at various meetings which the general manager attended.</p> <p>The general manager is a registered nurse and holds an MBA degree with experience in the health and disability sector and health and disability auditing. The person in this role is supported by an experienced clinical manager and clinical coordinator. The general manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field by attending local Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland forums, cultural competency, and a recent New Zealand aged care conference. The clinical manager, one clinical coordinator, and the other registered nurses meet regularly to analyse clinical indicators, resident's response to care and adherence to best known nursing practice.</p> <p>There is collaboration with mana whenua, the BeGroup is working towards meaningful Maori representation at governance level. The managing director stated a strategic day is planned to document the organisation's collaboration with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes for tāngata whaikaha. The three directors have completed cultural competency training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p>	FA	<p>Rawhiti Estate has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (eg, falls, skin tears, infections, wounds including pressure injuries, restraint and use of antipsychotic medication) is collected with evidence of data shared in staff meetings. Benchmarking is utilised to ensure that a critical analysis of practice is undertaken to improve health equity. Staff complete cultural competencies that equip them to deliver high quality</p>

<p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>care for Māori.</p> <p>General staff, clinical and registered nurse meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. Resident/family satisfaction surveys are completed each year during the month of November. Surveys completed in 2021 reflect high levels of resident/family satisfaction. This was also confirmed during interviews with families. The service provided an action plan to improve on two negative comments related to service delivery. Both areas have shown improvement and have been signed off. Interviews with families and residents confirmed that the corrective actions have been fully implemented.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed by an external consultant and reflect updates to the 2021 Ngā Paerewa Services Standard.</p> <p>A health and safety system is implemented with the wellness and lifestyle manager as the health and safety chair (supported by the Chief Property Officer (CPO) and acting in the role of health and safety officer. Hazard identification forms and an up-to-date hazard register were sighted. The hazard register is updated and regularly reviewed. The health and safety programme is reviewed six-monthly. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation, a refresher is provided after four weeks and continues annually. Each staff is assessed on their competency in regard to health and safety via a questionnaire.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. Each resident's electronic file includes (monthly) monitoring of their falls, injuries sustained (if any), interventions put in place, specific changes to the care plan and</p>
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		<p>evaluation. Facility strategies implemented to reduce the frequency of falls include core, balance, and yoga exercise programme four times a week, hydrotherapy, and unlimited support from the physiotherapist and nurse practitioner. A modern call bell system includes pendants and beams that links to the 'Vocera' communications system that alerts staff members (Link CI 1.6.1).</p> <p>Each incident/accident is documented electronically. Twelve accident/incident forms reviewed since 1 June 2022 indicated that the electronic form was completed in full and was signed off by the RN or clinical manager. Incident and accident data is collated monthly and analysed. Results are discussed in various meetings with staff. Neurological observations are consistently recorded for unwitnessed falls or where a head injury is suspected.</p> <p>Discussions with the general manager and clinical manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Five section 31 reports had been completed since the previous audit to notify HealthCERT around the same resident absconding twice, report to another agency, call bell outage for two hours due to an unscheduled software upgrade, and RN unavailability for one shift. Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland, the NPs and Public Health were informed of five Covid-19 exposure events.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing rationale policy that describes rostering requirements. The general manager and clinical manager confirmed staff are increased to include changes in acuity of residents and in the times of outbreak events. The service succeeded in maintaining resident cares during their Covid-19 outbreaks. Staff reported they covered shifts for absences and sick leave.</p> <p>Interviews with staff confirmed that overall staffing of care support staff is adequate to meet the needs of the residents. The staff reported excellent teamwork amongst staff. There were two registered nurse vacancies at the time of audit. These were being recruited for. Residents and family/ whānau interviewed said they were satisfied</p>

		<p>with the number of staff available at all times.</p> <p>The general manager, clinical manager and clinical coordinator works full time Monday to Friday. There is an on-call roster. Staff interviews confirmed a supportive, accessible management team.</p> <p>Rawhiti Estate had a total of 62 residents on the day of the audit. This included 19 rest home level, 29 hospital level residents and 14 in the memory loss unit (dementia). The service is staffed as follows:</p> <p>There are four neighbourhoods across two floors:</p> <p>Level 2</p> <p>Rakau 14 beds (10 hospital and 3 rest home) and Ranui – 20 beds secure dementia (14 occupied)</p> <p>Level 3</p> <p>Orakei 20 beds (9 hospital and 12 rest home) and Upland 14 beds (10 hospital and 4 rest home)</p> <p>AM: one RN and four care support per neighbourhood working 7am-3.15pm</p> <p>PM: one RN per floor and three care support per neighbourhood working 3pm-11.15pm</p> <p>NIGHT: one RN for the night supported by one care support per neighbourhood and one floater working 11.pm-7.15am</p> <p>There are separate administration kitchen and activities staff. The cleaning and laundry is sourced out to external contractors.</p> <p>Caregivers (care support staff) have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland . Of the 53 care</p>
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		<p>support staff employed, 49 have achieved level three or four. Two staff are in the process of enrolling in NZQA training. Six of the eleven registered nurses are accredited and maintaining competencies to conduct interRAI assessments. One staff member is currently completing their RN training.</p> <p>Staff are only allocated to work in the secure dementia unit on completion of the dementia standards. Twenty-six of thirty care support staff working in the dementia unit had completed the dementia training as set out in E4.5f ARRC within the agreed timeframes. Four are currently enrolled to work towards their completion of the standards.</p> <p>There is a schedule of staff competencies. Staff competencies are completed at orientation and then repeated annually (chemical safety, medication, fire evacuation, health and safety, restraint, infection control, personal care of residents including catheter bag change, skin care, nutrition and hydration, call bell system, laundry management, Medimap, manual handling, sexuality, and intimacy documentation). Registered nurses completed medication, insulin, wound care, manual handling, restraint, and syringe driver competencies.</p> <p>There is an annual training schedule with a monthly focus. There has been a recent focus on training related to cultural training; cultural diversity and health equity; person centred care; prevention of abuse and neglect; dementia; respect and communication; sexuality; infection prevention related to Covid 19 and the Omicron variant; and donning and doffing of personal protective equipment (PPE). Training sessions are delivered face to face and via the use of electronic training platforms (Altura and Amused). Other topics covered over the past 24 months include (but are not limited to): fire safety; first aid; chemical safety; continence; pain management; challenging behaviour; palliative care; wound care; the Code of Rights; infection control/hand hygiene; food safety; documentation; observation; and reporting.</p> <p>All registered nurses completed formal Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland infection control and prevention</p>
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		<p>training, management of diabetes, palliative care, and wound training.</p> <p>The service encourages all their staff to attend their monthly staff meetings. Resident/family meetings are also scheduled monthly. Health and safety in the workplace include chemical safety, hazard identification, hazard register review, emergency management training and six-monthly fire drills. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>Staff reported feeling well supported and safe in the workplace. The general manager has implemented a range of performance recognition rewards to acknowledge staff efforts and maintain a steady workforce. Employee assistance programme (EAP) is available to all staff.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held securely. Nine staff files reviewed (clinical manager, village administrator, wellness, and lifestyle manager, four care support staff, two registered nurses) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals (eg, NPs, pharmacy, podiatry). There is an appraisal policy. All staff who had been employed for over one year had an annual appraisal completed.</p> <p>The service has implemented a general and role-specific orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide</p>

		<p>a culturally safe environment for the residents.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO. There is a diverse mix of staff.</p> <p>Staff wellness is given priority. Staff incidents are recorded and fully investigated. Staff are debriefed following incidents and supported to return to work.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident hard copy information is held in a secure area. All resident files are on an electronic management system.</p> <p>The service is not responsible for National Health Index registration. Archived records are stored securely. Electronic information (eg, meeting minutes, business plan) is backed up using iCloud technology. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures are documented and include the designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is completed within the initial 24 hours.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Eight admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family member and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>resident and the contracts under which the service operates. Once these are confirmed, the resident and/or family arrange to purchase a room on a right to occupy (ORA) agreement.</p> <p>The general manager and clinical manager are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and whānau during the admission process and declining entry would be if the service had no beds available, could not provide the level of care required or the interested party was unable/unwilling to enter into an occupation right agreement. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of admission from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The facility has established links with Ngati Whatua at Orakei Marae and is able to consult on matters in order to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight resident files were reviewed (two rest home, four hospital and two dementia (all ARRC contract). Registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the electronic progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. Assessments include (but are not limited to): a mini nutritional assessment (MNA); Coombes fall risk; Braden pressure injury risk; continence; pain; and confusion assessment method (CAM). All initial assessments and care plans were signed and dated. All eight resident files reviewed</p>



		<p>had up-to-date interRAI assessments and care plans had been evaluated within the required six-month timeframe. Care plans had been updated when there were changes in health condition and identified needs. Care plans are evaluated six-monthly, and progress is recorded towards meeting the goal. Changes are made to the care plan where goals have not been met. The long-term care plan includes sections on mobility and transfers; activities of daily living; continence; nutrition; communication; medication; skin care; cognitive function and behaviours; cultural; spiritual; sexuality; and social needs. The care plan aligns with the service's model of person-centred care. Challenging behaviour is assessed when this occurs. There is specific cultural assessment in the lifestyle assessment.</p> <p>All residents had been assessed by the nurse practitioner (NP) within five working days of admission and the NP reviews each resident at least three-monthly. There are two NPs who visit three times per week and are available on call after hours. When interviewed, the NP expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for twelve hours a week. A podiatrist visits three-weekly and a dietitian, speech language therapist and wound care specialist nurse are available as required.</p> <p>Care support staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by care support staff and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents and relatives interviewed reported their needs and expectations were being met. When a resident's condition alters an RN initiates a review with an NP. Family were notified of all changes to health including infections, accident/incidents, NP visits, medication changes and any changes to health status.</p> <p>Wound assessments, and wound management plans with body map,</p>
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		<p>photos and wound measurements were reviewed. There were twelve residents with wounds (skin tears, chronic ulcers, and lesions). There were no residents with pressure injuries on the day of audit. An electronic wound register is maintained.</p> <p>Care support staff and RNs interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Care support staff and RNs complete monitoring charts including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries.</p> <p>Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There are four members of the lifestyle support team who are all qualified diversional therapists (DT), led by the wellbeing and lifestyle manager (DT also). They provide a seven-day programme across all care levels. All hold current first aid certificates.</p> <p>The programme is planned monthly and includes themed cultural events, with a different country being the focus every month. A weekly calendar is delivered to each individual resident. There is electronic access to the lifestyle support team via the 'checked in care' tablet situated in every resident room. Residents are able to communicate directly with family members via the tablet, in addition to family members being able to see the activities calendar and events of interest which they are then able to attend with the resident if they wish to do so. The team related how a resident's family in India are able to communicate daily with a current resident and support them in their end-of life journey. Both residents and families can post photographs via the app, with privacy maintained by access being restricted to those particular individuals (Link CI 1.6.1).</p>

		<p>The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language on planners, in activities, te reo lessons (facilitated by a Māori resident) and culturally focused activities. Local Māori entertainers visit regularly and perform kapa haka.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who are unable to actively participate in communal activities (as observed during audit).</p> <p>A variety of individual and small group activities were observed occurring in the care units at various times throughout the day of audit. Entertainment and outings are scheduled weekly. There is a volunteer programme and community visitors come into the facility weekly, including the nearby local school. The service has also forged links with the school whereby 'pen pals' are facilitated, and regular communication/interaction could take place even when Covid lockdowns were in place.</p> <p>An activity plan is developed, and the resident is encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include gardening; flower arrangement; baking; cooking; pet therapy; police dog visits; and hand massage.</p> <p>A separate activity calendar is available for the memory loss unit with activities specifically adapted to the differing level of cognitive ability within the unit. Activities designed to stimulate cognitive and sensory function were observed within the memory loss unit during audit, with each resident having a detailed 24-hour activity plan to guide staff.</p> <p>Resident meetings are held monthly, and family are invited to attend. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Resident and relative surveys also provide feedback on the activity programme. Residents and family members interviewed spoke positively about the activity programme</p>
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		provided.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent care support staff) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and care support staff interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms and locked trolleys. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the NP.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed identified that the NP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. There were no self-medicating residents. No vaccines are kept on site and no standing orders are in use.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described work in partnership with the Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to</p>

		achieve better health outcomes.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The meals at Rawhiti Estate are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, and very well equipped. A current approved food control plan was in evidence, expiring 6 July 2023. There is a four-weekly seasonal menu that is reviewed by an external registered dietitian. The executive chef receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The executive chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Pureed meals have individual components moulded to resemble their original pre-pureed state. Alternative meals are offered for those residents with dislikes or religious preferences. Two meal choices, plus a vegetarian option are provided as standard, with residents being able to choose other culturally appropriate (including Māori specific) options as required. Residents have access to nutritious snacks 24 hours a day. On the day of audit, meals were observed to be well presented.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily. Food temperatures are checked at all meals. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained appropriately.</p> <p>Meals are transported to each area via heated scan boxes from the main kitchen and served by care support staff. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with meals. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and families interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis, via a food compliment book, at the resident meetings and through resident surveys.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or Kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness which expires 31 May 2023. There is a comprehensive planned maintenance programme in place. Reactive and preventative maintenance occurs through contracted maintenance personnel. Electrical equipment has been tested and tagged, and items of medical equipment are calibrated annually, and are next due to be checked March 2023. Hot water temperatures have been monitored in resident areas and are within the acceptable range.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices, with the building having three levels with stairs and elevators between the floors with swipe fob access to independent living areas. There is Māori artwork demonstrating the history of Remuera including The Great Māori Feast.</p> <p>All elevators are large enough to accommodate a bed/ambulance stretcher if required. The three levels have direct access to the outdoors due the fall across the site. There are large and small communal areas, with a dining area on each floor. The dining areas are modern, inviting, and appropriate for the needs of the residents. There are sufficient lounges and private/quiet seating areas where residents who prefer quieter activities or visitors may sit. The external areas are well maintained and have attractive features, including</p>

		<p>wheelchair friendly garden beds and are easily accessible to residents. All outdoor areas have some seating and shade. There is safe access to all communal areas.</p> <p>The 20-bed memory loss neighbourhood on level two, opens out into secured outdoor area with raised gardens, shaded seating, and safe walking pathways. In the memory loss neighbourhood (dementia unit), bedroom doors are painted in different colours with photo boxes for easier identification of their room. The memory loss neighbourhood is spacious and provides an internal walking area, large communal lounge/dining, well-equipped kitchen and outdoor gardens and grounds. There is a TV lounge, and games lounge with access and entry to the outdoors. There is also a quiet lounge where residents and families can have one-on-one time.</p> <p>Flooring is safe and appropriate for residential care. All corridors have sufficient room in order to promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>All bedrooms and communal areas have ample natural light, ventilation, and thermostatically controlled heating. All rooms are singly occupied, with lounge/seating area in addition to the bedroom. All rooms have full ensuite bathroom/shower and toilet. Additional toilets are located throughout the building in common areas for resident, staff, and visitor use. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Care support staff interviewed reported that they have adequate space to provide care to residents. Residents and family/whānau are encouraged to personalise residents' rooms as viewed on the day of audit.</p> <p>There is also a cinema area, swimming pool and gymnasium available on the lower floor for resident use. The facility is non-smoking.</p> <p>The service is currently engaged in construction on site and has utilised their links with local kaumātua and iwi to ensure that</p>
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		consideration has been made of how designs and environments reflect the aspirations and identity of Māori.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly, and one was held in May 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in each area and these are checked monthly. In the event of a power outage there is a generator on site. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>Each room is fitted with call points that link to the Vocera nurse call system and residents have call bell pendants. Residents were observed to have their call bells in close proximity. In the dementia unit, the bedrooms have motion sensors that alert staff to resident movement through the Vocera system. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>Security policies and procedures are documented and implemented by staff. The buildings are secure at night and the double automatic doors at the main entrance are programmed to open and lock at set times. There is an entrance phone used to call staff who can view the door entrance then programme the entry code using their mobile phone. There are CCTV cameras strategically placed around the complex that operate on movement and recorded from the control</p>



		room.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The clinical manager undertakes the role of infection control coordinator to oversee infection control and prevention across the service for the last three years. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the governance team. Documentation review evidence recent outbreaks were escalated to the executive team within 24 hours. Infection rates are presented and discussed at quality, clinical and staff meetings. Infection prevention and control are part of the strategic, business and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland .</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening and health declarations continue for visitors and contractors, and all are required to wear masks.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid vaccinations (logs sighted), with all staff and all residents being fully vaccinated against Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and</p>	FA	<p>The general manager supports the designated infection control coordinator. During Covid-19 lockdown, there was regular contact with the Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland programme manager which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 and pandemic response plan which includes preparation and planning for the management of</p>

<p>navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland infection prevention and control training. There is good external support from the NPs, laboratory, and Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland. There are outbreak kits readily available, and a personal protective equipment cupboard and trolleys set up ready to be used. The personal protective equipment (PPE) stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The infection control coordinator has input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. An external consultant annually reviews policies and procedures. Policies are available and accessible to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There were no residents with MRSA or ESBL at the time of the audit.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service infection control policies acknowledge importance of te reo information around infection control for Māori residents and acknowledge safe practices acknowledging the spirit of Te Tiriti. Infection control policies and practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Residents have their own slings for hoists. Cleaning and environmental audits are completed four-monthly, and the audits reviewed include evidence that these procedures are carried out.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The infection control coordinator records antibiotic use as part of the monthly quality report. The antimicrobial stewardship policy documents the principles of the antimicrobial stewardship programme. The NPs and infection control coordinator monitor antibiotic use. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs monthly.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>electronic resident management system and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland for any community concerns.</p> <p>There have been five Covid-19 exposure outbreak events between 27 January and 12 August 2022. All were appropriately managed with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland and Public Health was appropriately notified. There was daily communication with the portfolio manager of Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland. Daily outbreak management meetings occurred (sighted) and captured ‘lessons learned’ to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs were completed. The infection control coordinator confirmed that the screening process, cohorting of residents and care delivery within a constrained workforce prove to be challenging but successful. Staff confirmed resources including PPE were adequate and their wellbeing has been looked after.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) on each floor with personal protective equipment available including face visors. Staff have completed chemical safety</p>

<p>safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>training. A chemical provider monitors the effectiveness of chemicals.</p> <p>The cleaning for the care centre is contracted to a commercial cleaning company that provides cleaning services seven days a week. Cleaning trolleys are well equipped and kept in locked areas when not in use. There is a cleaning manual available. Cleaning and laundry services are monitored by the facility through the internal auditing system.</p> <p>All personal clothing and linen are laundered off site at a commercial laundry. All resident clothing is fitted with an identification tag to ensure it is returned to the correct resident. Dirty laundry is transported by trolley to the service area where it is collected. Clean laundry is delivered to each area in sealed trolleys, where staff can then deliver items to individual residents. There was sufficient clean linen available on the day of audit.</p> <p>There is a small domestic laundry in the memory loss neighbourhood for family/support staff to use. The food services laundry is washed on site in a designated laundry located in the basement area.</p> <p>Sluice rooms were well equipped and had appropriate PPE available for staff use.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager. At the time of the audit, the facility was restraint free and has been since it opened in November 2018.</p> <p>The use of restraint (if any) would be reported in the clinical, and staff/quality meetings. The restraint coordinator interviewed described</p>

		<p>the focus on restraint minimisation.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
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# Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.6.1 I shall receive information in my preferred format and in a manner that is useful for me.	CI	<p>The resident satisfaction in October 2020 evidence a high overall satisfaction of 90%. The team identified communication as an area where further improvements can be made. Rawhiti Estate understood the footprint and size of the facility can compromise effective communication. A quality improvement plan was initiated at the time to ensure the following communication platforms introduced are fully utilised:</p> <p>a) Checked in care` is a communication platform that is used to communicate with family and friends in a variety of ways. Family and residents can view newsletters, the activities schedule, weekly menu, stories, comments, and entertainment like movies. The platform is used for voice and video calling between residents and family members. Family can communicate and leave comments on their relatives' platform. Family and residents receive a login, staff assist residents through their own login when a</p>	<p>A review of the quality meetings evidence an improvement is noted in maintaining family connections during a time of social isolation related to Covid. Comments related to communication November 2021 satisfaction survey is overwhelmingly positive. It was clear from the analysis of the reports that the `Checked in care` device usage escalated between February and July 2022 (periods of Covid outbreak) with more families and residents communicating using the device.</p> <p>The call bells are analysed weekly and evidence that staff respond in less than five minutes when an alert is raised</p> <p>The utilising of both communication platforms proved to enhance resident wellbeing</p>



		<p>resident is unable to use the device. There is a device in every resident's room. Family stated they felt connected with the facility and whānau through the Covid outbreaks. The facility generates a monthly usage report to view participation and communication via the device.</p> <p>b) The `Vocera `platform is a handsfree device carried on the clothing of the employees. This enables the clinical team to communicate and collaborate immediately and results in efficient care by streamlining communication between team members. It enables the right person to receive the right information at the right time. Call bell pendants and sensor beams are connected to the Vocera system. It's what enables the right person to receive the right information at the right time.</p>	
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End of the report.